

**Fill in this information to identify your case and this filing:**

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Central District of California**

Case number \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

1.1. \_\_\_\_\_  
Street address, if available, or other description

City State ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

\_\_\_\_\_

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

City State ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

\_\_\_\_\_

☐ Check if this is community property (see instructions)

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1.3.

Street address, if available, or other description

City

State

ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

\$ \_\_\_\_\_

**Current value of the portion you own?**

\$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

\_\_\_\_\_

☐ **Check if this is community property** (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.** \_\_\_\_\_ →

\$ \_\_\_\_\_

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☒ No
- ☐ Yes

3.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

\$ \_\_\_\_\_

**Current value of the portion you own?**

\$ \_\_\_\_\_

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

\$ \_\_\_\_\_

**Current value of the portion you own?**

\$ \_\_\_\_\_

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Case Number (if known)

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .....



\$ \_\_\_\_\_

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**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe..... Furniture, Microwave, Refrigerator, Pottery, Silverware, Dinnerware

\$ 2750

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... Television

\$ 350

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....

\$

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... Everyday clothes

\$ 3000

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.....

\$

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....

\$

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information. ....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 6100

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**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes ..... Cash: ..... \$ .....**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☒ No☐ Yes ..... Institution name:

17.1. Checking account: ..... \$ .....

17.2. Checking account: ..... \$ .....

17.3. Savings account: ..... \$ .....

17.4. Savings account: ..... \$ .....

17.5. Certificates of deposit: ..... \$ .....

17.6. Other financial account: ..... \$ .....

17.7. Other financial account: ..... \$ .....

17.8. Other financial account: ..... \$ .....

17.9. Other financial account: ..... \$ .....

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes ..... Institution or issuer name:

..... \$ .....

..... \$ .....

..... \$ .....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No

Name of entity:

% of ownership:

☐ Yes. Give specific information about them..... % \$ .....

..... % \$ .....

..... % \$ .....

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**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

\_\_\_\_\_

Social Security Benefit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ 1011.42

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes .....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes .....

Issuer name and description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them....

\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them....

\$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them....

\$ \_\_\_\_\_

**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: \$ \_\_\_\_\_

State: \$ \_\_\_\_\_

Local: \$ \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....

Alimony: \$ \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_

Support: \$ \_\_\_\_\_

Divorce settlement: \$ \_\_\_\_\_

Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

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**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ....

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 1011.42

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_



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**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☐ No☐ Yes. Describe.....

\$

**41. Inventory**☐ No☐ Yes. Describe.....

\$

**42. Interests in partnerships or joint ventures**☐ No☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$

%

\$

%

\$

**43. Customer lists, mailing lists, or other compilations**☐ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$

**44. Any business-related property you did not already list**☐ No☐ Yes. Give specific information .....

\$

\$

\$

\$

\$

\$

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$

**Part 6:****Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals***Examples:* Livestock, poultry, farm-raised fish☐ No☐ Yes .....

\$

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**48. Crops—either growing or harvested**☐ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☐ No☐ Yes .....

\$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**☐ No☐ Yes .....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**☐ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....**

\$ \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$ \_\_\_\_\_

**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2 .....**

\$ \_\_\_\_\_ 0

**56. Part 2: Total vehicles, line 5**

\$ \_\_\_\_\_ 0

**57. Part 3: Total personal and household items, line 15**

\$ \_\_\_\_\_ 6100

**58. Part 4: Total financial assets, line 36**

\$ \_\_\_\_\_ 1011.42

**59. Part 5: Total business-related property, line 45**

\$ \_\_\_\_\_

**60. Part 6: Total farm- and fishing-related property, line 52**

\$ \_\_\_\_\_

**61. Part 7: Total other property not listed, line 54**

+ \$ \_\_\_\_\_

**62. Total personal property. Add lines 56 through 61. ....**

\$ \_\_\_\_\_ 7111.42

Copy personal property total →

+ \$ \_\_\_\_\_ 7111.42

**63. Total of all property on Schedule A/B. Add line 55 + line 62.....**

\$ \_\_\_\_\_ 7111.42

**Fill in this information to identify your case:**

Debtor 1	<u>Simon</u>		<u>Hovsepyan</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____		_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Central District of California</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106C

**Schedule C: The Property You Claim as Exempt**

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>Social Sec. Benefit</u>	\$ <u>1011.42</u>	<input checked="" type="checkbox"/> \$ _____	11 USC §§ 522(d)(10)(A)
Line from <i>Schedule A/B</i> : <u>21</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☒ No  
☐ Yes

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**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Furniture, appliance</u> Line from Schedule A/B: <u>6</u>	\$ _____	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC §§ 522(d)(1)-(6),(9)-(11)
Brief description: <u>TV</u> Line from Schedule A/B: <u>7</u>	\$ _____	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC §§ 522(d)(1)-(6),(9)-(11)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1

Describe the property that secures the claim:

\$ 1011.42 \$ \$

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

2.2

Describe the property that secures the claim:

\$ \$ \$

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ \_\_\_\_\_

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known)

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<input type="checkbox"/>	<p><b>Describe the property that secures the claim:</b> \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>		
<input type="checkbox"/>	<p><b>Describe the property that secures the claim:</b> \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>		
<input type="checkbox"/>	<p><b>Describe the property that secures the claim:</b> \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>		
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ _____		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$ _____		

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known)

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Print****Save As...****Add Attachment****Reset**

**Fill in this information to identify your case:**

Debtor 1	Simon		Hovsepyan	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: Central District of California				
Case number (If known)				

☐ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.  
☐ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<div>2.1</div> <div> <div>Priority Creditor's Name</div> <div> <div>Last 4 digits of account number</div> <div>\$ 1011.42</div> <div>\$</div> <div>\$</div> </div> <div>When was the debt incurred?</div> <div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <div> <div>Type of PRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify </div> </div> </div> </div>			
<div>2.2</div> <div> <div>Priority Creditor's Name</div> <div> <div>Last 4 digits of account number</div> <div>\$</div> <div>\$</div> <div>\$</div> </div> <div>When was the debt incurred?</div> <div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <div> <div>Type of PRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify </div> </div> </div> </div>			



Part 1: Your PRIORITY Unsecured Claims – Continuation Page		Total claim	Priority amount	Nonpriority amount
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				
<div><div></div><div>Priority Creditor's Name</div><div>Number Street</div><div>City State ZIP Code</div></div> <div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div><div>Last 4 digits of account number</div><div>When was the debt incurred?</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Type of PRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Domestic support obligations</div><div><input type="checkbox"/> Taxes and certain other debts you owe the government</div><div><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</div><div><input type="checkbox"/> Other. Specify</div></div></div></div>	<div><div>\$</div><div>\$</div><div>\$</div></div>		
<div><div></div><div>Priority Creditor's Name</div><div>Number Street</div><div>City State ZIP Code</div></div> <div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div><div>Last 4 digits of account number</div><div>When was the debt incurred?</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Type of PRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Domestic support obligations</div><div><input type="checkbox"/> Taxes and certain other debts you owe the government</div><div><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</div><div><input type="checkbox"/> Other. Specify</div></div></div></div>	<div><div>\$</div><div>\$</div><div>\$</div></div>		
<div><div></div><div>Priority Creditor's Name</div><div>Number Street</div><div>City State ZIP Code</div></div> <div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div><div>Last 4 digits of account number</div><div>When was the debt incurred?</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Type of PRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Domestic support obligations</div><div><input type="checkbox"/> Taxes and certain other debts you owe the government</div><div><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</div><div><input type="checkbox"/> Other. Specify</div></div></div></div>	<div><div>\$</div><div>\$</div><div>\$</div></div>		

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p><b>DISCOVER BANK</b></p> <p>Nonpriority Creditor's Name <b>PO BOX 30939</b> Number Street <b>SALT LAKE UT 84130</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ <b>14,639</b></p> <p><b>When was the debt incurred?</b> <u>06/16/2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>
4.2	<p><b>AFFIRM INC</b></p> <p>Nonpriority Creditor's Name <b>30 Isabella St, Floor 4,</b> Number Street <b>Pittsburgh PA 15212</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ <b>3,101</b></p> <p><b>When was the debt incurred?</b> <u>12/06/2023</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u></p>
4.3	<p><b>ALLY FINANCIAL</b></p> <p>Nonpriority Creditor's Name <b>500 Woodward Ave</b> Number Street <b>DETROIT MI 48226</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ <b>\$24,491</b></p> <p><b>When was the debt incurred?</b> <u>08/09/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Auto Lease</u></p>

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

AMEX

Nonpriority Creditor's Name

43 Butterfield Circle

Number Street

El Paso

TX

79906

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number " D N " \_\_\_\_\_

\$ 17,966

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit card

AMEX

Nonpriority Creditor's Name

43 Butterfield Circle

Number Street

El Paso

FL

79906

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 10,810

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit card

APPLE CARD/GS BANK USA

Nonpriority Creditor's Name

LOCKBOX 6112 PO BOX7247

Number Street

PHILADELPHIA

PA

19170

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 4,598

When was the debt incurred? 11/07/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit card

### Part 3:

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_

Number	Street
--------	--------

City

Stat

ZIP Code

Name \_\_\_\_\_

Number	Street
--------	--------

City

Stat

ZIP Code

Name \_\_\_\_\_

Number	Street
--------	--------

City

Stat

ZIP Code

---

Name \_\_\_\_\_

Number	Street
--------	--------

City

Stat

ZIP Code

---

Name \_\_\_\_\_

Number	Street
--------	--------

City

Stat

ZIP Code

Name \_\_\_\_\_

Number	Street
--------	--------

City

Stat

ZIP Code

Name \_\_\_\_\_

Number	Street
--------	--------

City

Stat

ZIP Code

**Last 4 digits of account number** 2 3 6 1

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim****Total claims from Part 1**

6a. Domestic support obligations

6a. \$ \_\_\_\_\_

6b. Taxes and certain other debts you owe the government

6b. \$ \_\_\_\_\_

6c. Claims for death or personal injury while you were intoxicated

6c. \$ \_\_\_\_\_

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ \_\_\_\_\_

6e. Total. Add lines 6a through 6d.

6e. \$ \_\_\_\_\_

**Total claim****Total claims from Part 2**

6f. Student loans

6f. \$ \_\_\_\_\_

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ \_\_\_\_\_

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ \_\_\_\_\_

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 1,150,787

6j. Total. Add lines 6f through 6i.

6j. \$ 1,150,787

Print

Save As...

Add Attachment

Reset

SIMON HOVSEPYAN

Continuation page of Schedule E/F Part 2

**4.7. BANK OF AMERICA**

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **Don't know ("DK")**

**\$20,315**

When was the debt incurred: **Oct 18, 2023**

Type: **Credit Card**

**4.8. BANK OF AMERICA**

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **"DK"**

**\$14,059**

When was the debt incurred: **Oct 18, 2023**

Type: **Credit Card**

**4.9. CAPITAL ONE**

Address: **1680 Capital One Dr., McLean, VA 22102**

Account number: **"DK"**

**\$5,498**

When was the debt incurred: **Nov 13, 2023**

Type: **Credit Card**

**4.10. CAPITAL ONE**

Address: **1680 Capital One Dr., McLean, VA 22102**

Account number: **"DK"**

**\$5,089**

When was the debt incurred: **Nov 13, 2023**

Type: **Credit Card**

**4.11. CBNA**

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: **“DK”**

**\$44,542**

When was the debt incurred: **Nov 22, 2023**

Type: **Credit Card/Business Debt**

**4.12. CBNA**

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: **“DK”**

**\$62,872**

When was the debt incurred: **Apr 25, 2023**

Type: **Credit Card/Business Debt**

**4.13. CBNA**

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: **“DK”**

**\$56,941**

When was the debt incurred: **Oct 07, 2023**

Type: **Credit Card/Business Debt**

**4.14. CCB/BREADCASHBACK**

Address: **PO Box 183043, Columbus, OH 43218**

Account number: **“DK”**

**\$6,385**

When was the debt incurred: **Nov 12, 2023**

Type: **Credit Card**



**4.15. COMENITYCB/TOYOTA VISA**

Address: **PO Box 183043, Columbus, OH 43218**

Account number: **“DK”**

**\$25,676**

When was the debt incurred: **Nov 15, 2023**

Type: **Credit Card**

**4.16. FREEDOM ROAD FINANCIAL**

Address: **10509 PROFESSIONAL CIR SRENO, NV 89521**

Account number: **“DK”**

**\$7,847**

When was the debt incurred: **Jan 02, 2024**

Type: **Credit Card**

**4.17. GOLDMAN SACHS AND CO**

Address: **PO BOX 70321 PHILADELPHIA, PA 19176**

Account number: **“DK”**

**\$40,963**

When was the debt incurred: **Oct 13, 2023**

Type: **Business Card/Business Debt**

**4.18. JPMCB CARD**

Address: **700 Kansas Lane, Monroe, LA 71203**

Account number: **“DK”**

**\$34,387**

When was the debt incurred: **Nov 15, 2023**

Type: **Credit Card/Business Debt**

**4.19. JPMCB CARD**

Address: **700 Kansas Lane, Monroe, LA 71203**

Account number: **“DK”**

**\$97,110**

When was the debt incurred: **Oct 15, 2023**

Type: **Credit Card/Business Debt**

**4.20. JPMCB CARD**

Address: **700 Kansas Lane, Monroe, LA 71203**

Account number: **“DK”**

**\$35,907**

When was the debt incurred: **Oct 16, 2023**

Type: **Credit Card/Business Debt**

**4.21. RIZE FCU**

Address: **PO Box 8017, El Monte, CA 91734**

Account number: **“DK”**

**\$21,819**

When was the debt incurred: **Apr 17, 2024**

Type: **Lease**

**4.22. SERVICE FCU**

Address: **PO Box 410, Portsmouth, NH 03802**

Account number: **“DK”**

**\$21,858**

When was the debt incurred: **May 21, 2024**

Type: **Credit card/Business Debt**

**4.23. SYNCB**

Address: **P.O. Box 965065, Orlando, FL 32896**

Account number: **“DK”**

**\$36,355**

When was the debt incurred: **Dec 01, 2023**

Type: **Secured Loan/Business Debt**

**4.24. SYNCB/CAR CARE SYN CAR**

Address: **P.O. Box 965065, Orlando, FL 32896**

Account number: **“DK”**

**\$4,733**

When was the debt incurred: **Nov 29, 2023**

Type: **Charge Card**

**4.25. SYNCB/LOWES**

Address: **P.O. Box 965061, Orlando, FL 32896**

Account number: **“DK”**

**\$6,946**

When was the debt incurred: **Dec 01, 2023**

Type: **Charge Card**

**4.26. SYNCB/LOWES**

Address: **P.O. Box 965061, Orlando, FL 32896**

Account number: **“DK”**

**\$565**

When was the debt incurred: **Aug 06, 2020**

Type: **Charge Card**

**4.27. TOYOTA MOTOR CREDIT**

Address: **PO BOX 9786 CEDAR, RAPIDS, IA 52409**

Account number: **“DK”**

**\$4**

When was the debt incurred: **Feb 21, 2025**

Type: **Auto Lease**

**4.28. US BANK**

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: **“DK”**

**\$71,318**

When was the debt incurred: **Jan 26, 2024**

Type: **Auto Lease**

**4.29. US BANK**

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: **“DK”**

**\$400**

When was the debt incurred: **Oct 25, 2023**

Type: **Credit Card**

**4.30. WFBNA CARD**

Address: **P.O. Box 51193, Los Angeles, CA 90051**

Account number: **“DK”**

**\$18,290**

When was the debt incurred: **Oct 25, 2023**

Type: **Credit Card**

**4.31. WFBNA CARD**

Address: **P.O. Box 51193, Los Angeles, CA 90051**

Account number: **“DK”**

**\$21,017**

When was the debt incurred: **Oct 25, 2023**

Type: **Credit Card**

**4.32. IMPRINT PAYMENTS, INC.**

Address: **77 WATER STREET STE 2304, BROOKLYN, NY 10005**

Account number: **“DK”**

**\$2,528**

When was the debt incurred: **“DK”**

Type: **Credit card**

**4.33. AMEX**

Address: **43 Butterfield Circle, El Paso, TX 79906**

Account number: **“DK”**

**\$18,457**

When was the debt incurred: **“DK”**

Type: **Credit Card**

**4.34. BANK OF AMERICA**

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **XXXXXXXXXX5514**

**\$36,281**

When was the debt incurred: **“DK”**

Type: **Credit Card/Business Debt**

**4.35. BANK OF AMERICA**

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **XXXXXXXXXX1725**

**\$36,566**

When was the debt incurred: **“DK”**

Type: **Credit Card/Business debt**

**4.36. US BANK**

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: **XXXXXXXXXX6796**

**\$29,797**

When was the debt incurred: **“DK”**

Type: **Credit Card/Business Debt**

**4.37. Citibank, N.A.**

Address: **P.O. Box 6767, Sioux Falls, SD 57117**

Account number: **XXXXXXXXXX4998**

**\$20,247**

When was the debt incurred: **“DK”**

Type: **Commercial account**

**4.38. Love’s travel stops**

Address: **10601 N Pennsylvania Oklahoma City, OK 73120**

Account number: **3755140**

**\$102,690**

When was the debt incurred: **“DK”**

Type: **Business Debt**

**4.39. Quick Books Capital**

Address: **2700 Coast Avenue, Mountain View, CA 94043**

FHC Reference: **4348693**

**\$22,505**

When was the debt incurred: **“DK”**

Type: **Loan/ Business Debt**

**4.40. PrePass**

Address: **101 E Washington St Ste 500, Phoenix, AZ 85004**

Account number: **6411609**

**\$127**

When was the debt incurred: **“DK”**

Type: **“DK”**

**4.41. Verizon Wireless**

Address: **500 Technology Drive, Suite 550, Weldon Spring, MO 63304**

Account number: **34753090**

**\$7,616**

When was the debt incurred: **“DK”**

Type: **Mobile debt**

**4.42. US BANK**

Address: **P.O. Box 6352, Fargo, ND 58125**

Account number: **XXXXXXXXXX6796**

**\$29,797**

When was the debt incurred: **“DK”**

Type: **Credit card/Business Debt**

**4.43. BANK OF AMERICA**

Address: **NC1-021-02-12, 401 N Tryon St, Charlotte, NC 28255**

Account number: **XXXXXXXXXX5514**

**\$36,281**

When was the debt incurred: **“DK”**

Type: **Credit Card/Business Debt**

**4.44. AMUR EQUIPMENT FINANCING INC.**

Address: **304 W. 3rd St. P.O. Box 2555 Grand Island, NE 68801**

Account number: **“DK”**

**\$71,268**

When was the debt incurred: **“DK”**

Type: **Loan/Business Debt**

**4.45. DRIVEKS, TOLL STATEMENT**

Address: **Kansas Turnpike Authority, 9401 E Kellogg Dr, Wichita, KS 67207**

Account number: **4537350**

**\$117**

When was the debt incurred: **May 16, 2025**

Type: **Toll fee**

**4.46. DEPARTMENT OF MOTOR VEHICLES**

Address: **P.O.BOX 825339, Sacramento, CA 94232**

Account number: **272058**

**\$9**

When was the debt incurred: **May 10, 2025**

Type: **“DK”**



SIMON HOVSEPYAN

Continuation page of Schedule E/F Part 3

**CLIENT SERVICES INC.**

Address: **3451 Harry S Truman Blvd, Saint Charles, MO 63301**

Account number: XXXXXXXXXXX1989

Collection amount: **\$6,946**

When was the debt incurred: **Dec 01, 2023**

Original creditor: **SYNCB/LOWES**, Line **4.25**

**SUNRISE CREDIT SERVICES INC.**

Address: PO BOX 9004, Melville, NY, 11747

Account number: XXXXXXXXXXX8872

Collection amount: **\$20,315**

When was the debt incurred: **Oct 18, 2023**

Original creditor: **BANK OF AMERICA**, Line **4.7**

**SUNRISE CREDIT SERVICES INC.**

Address: PO BOX 9004, Melville, NY, 11747

Account number: XXXXXXXXXXX7560

Collection amount: **\$14,059**

When was the debt incurred: **Oct 18, 2023**

Original creditor: **BANK OF AMERICA**, Line **4.8**

**McCarthy, Burgess & Wolff**

Address: 26000 Cannon Road, Cleveland, Ohio 44146

Account number: XXXXXXXXXXX4998

Collection amount: **\$20,247**

When was the debt incurred: **“DK”**

Original creditor: **Citibank, N.A.**, Line **4.37**

**Caine & Weiner**

Address: **PO BOX 55848, Sherman Oaks, CA 91413**

Account number: **3755140**

Collection amount: **\$102,690.37**

When was the debt incurred: **“DK”**

Original creditor: **Love’s travel stops**, Line **4.38**

**Pucin & Friedland, Law office of John S. Pucin, P.C.**

Address: **5805 Sepulveda Blvd., 4<sup>th</sup> floor, Sherman Oaks, CA 91411**

Account number: **3755140**

Collection amount: **\$102,690.37**

When was the debt incurred: **“DK”**

Original creditor: **Love’s travel stops**, Line **4.38**

**F.H. Cann & Associates, Inc.**

Address: **100 Domain Drive, Suite 200, Exeter, NH 03833**

FHC Reference: **4348693**

Collection amount: **\$22,505.17**

When was the debt incurred: **“DK”**

Original creditor: **Quick Books Capital**, Line **4.39**

**Biehl & Biehl, Inc.**

Address: **PO BOX 87410, Carol Stream, IL 60188**

Account number: **6411609**

Collection amount: **\$127**

When was the debt incurred: **“DK”**

Original creditor: **PrePass**, Line **4.40**

**Diversified Adjustment Service, Inc.**

Address: **PO BOX 32145, Fridley, MN 55432**

Account number: **34753090**

Collection amount: **\$7,616**

When was the debt incurred: **“DK”**

Original creditor: **Verizon Wireless, Line 4.41**

**Radius Global Solutions LLC**

Address: **7505 Metro blvd. Suite 400, Edina, MN 55437**

Account number: **xxxxxxxxxx4150**

Collection amount: **\$5,089**

When was the debt incurred: **Nov 13, 2023**

Original creditor: **CAPITAL ONE, Line 4.10**

**SUNRISE CREDIT SERVICES INC.**

Address: **PO BOX 9004, Melville, NY, 11747**

Account number: **XXXXXXXXXX6796**

Collection amount: **\$29,797.53**

When was the debt incurred: **“DK”**

Original creditor: **U.S. Bank, Line 4.42**

**CREDIT CONTROL LLC**

Address: **3300 Rider Trail S Suite 500, Earth city, MO 63045**

Account number: **XXXXXXXXXX5514**

Collection amount: **\$36,281.30**

When was the debt incurred: **“DK”**

Original creditor: **BANK OF AMERICA, Line 4.43**

**STUART – LIPPMAN AND ASSOCIATES INC.**

Address: **5447 East 5th Street, Suite 110, Tucson, AZ 85711**

Account number: **“DK”**

Collection amount: **\$71,268.05**

When was the debt incurred: **“DK”**

Original creditor: **AMUR EQUIPMENT FINANCING INC., Line 4.44**

**Fill in this information to identify your case:**

Debtor Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse If filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 106G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.5	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known)

**Additional Page if You Have More Contracts or Leases****Person or company with whom you have the contract or lease****What the contract or lease is for**

2.2

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

**Print****Save As...****Add Attachment****Reset**

Fill in this information to identify your case:

Debtor 1	<u>Simon</u>		<u>Hovsepyan</u>	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	<u></u>		<u></u>	
	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: <u>Central District of California</u>				
Case number (If known)	<u></u>			

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes. In which community state or territory did you live? California. Fill in the name and current address of that person.

Tsovik Baghramyan

Name of your spouse, former spouse, or legal equivalent

115 S Verdugo Rd Apt 2

Number Street

Glendale

CA

91205

City

State

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_



Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known)

**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*

Check all schedules that apply:

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_**Print****Save As...****Add Attachment****Reset**

**Fill in this information to identify your case:**

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

# **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## **Part 1: Describe Employment**

### **1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### **Employment status**

- ☐ Employed  
☒ Not employed

- ☐ Employed  
☒ Not employed

#### **Occupation**

\_\_\_\_\_

#### **Employer's name**

\_\_\_\_\_

#### **Employer's address**

Number Street

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

\_\_\_\_\_

How long employed there? \_\_\_\_\_

## **Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

### **2. List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0

\$ 0

### **3. Estimate and list monthly overtime pay.**

3. + \$ 0

+ \$ 0

### **4. Calculate gross income.** Add line 2 + line 3.

4. \$ 0

\$ 0

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse			
Copy line 4 here..... → 4.	\$ 0	\$ 0			
<b>5. List all payroll deductions:</b>					
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0	\$ 0			
5b. Mandatory contributions for retirement plans	5b. \$ 0	\$ 0			
5c. Voluntary contributions for retirement plans	5c. \$ 0	\$ 0			
5d. Required repayments of retirement fund loans	5d. \$ 0	\$ 0			
5e. Insurance	5e. \$ 0	\$ 0			
5f. Domestic support obligations	5f. \$ 0	\$ 0			
5g. Union dues	5g. \$ 0	\$ 0			
5h. Other deductions. Specify: _____	5h. + \$ 0	+ \$ 0			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0	\$ 0			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0	\$ 0			
<b>8. List all other income regularly received:</b>					
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0	\$ 0			
8b. Interest and dividends	8b. \$ 0	\$ 0			
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0	\$ 0			
8d. Unemployment compensation	8d. \$ 0	\$ 0			
8e. Social Security	8e. \$ 1011.42	\$ 1011.42			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Food stamps</u>	8f. \$ 200	\$ 200			
8g. Pension or retirement income	8g. \$	\$			
8h. Other monthly income. Specify: _____	8h. + \$ 0	+ \$ 0			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1211.42	\$ 1211.42			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1211.42	\$ 1211.42	= \$ 2422.84		
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <u>Food stamps</u>				11. + \$	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies				12.	\$ 2422.84 Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes. Explain: _____					

Fill in this information to identify your case:

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No  
☐ Yes

### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

11 USC §§ 522(d)(1)-(6),(9)-(11)

4. \$ \_\_\_\_\_

If not included in line 4:

4a. Real estate taxes	4a. \$ _____	0
4b. Property, homeowner's, or renter's insurance	4b. \$ _____	0
4c. Home maintenance, repair, and upkeep expenses	4c. \$ _____	0
4d. Homeowner's association or condominium dues	4d. \$ _____	0

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ _____
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ _____ 110
6b. Water, sewer, garbage collection	6b. \$ _____ 100
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ _____ 60
6d. Other. Specify: _____	6d. \$ _____ 0
7. <b>Food and housekeeping supplies</b>	7. \$ _____
8. <b>Childcare and children's education costs</b>	8. \$ _____
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ _____
10. <b>Personal care products and services</b>	10. \$ _____
11. <b>Medical and dental expenses</b>	11. \$ _____
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ _____
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ _____
14. <b>Charitable contributions and religious donations</b>	14. \$ _____
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____ 0
15b. Health insurance	15b. \$ _____ 0
15c. Vehicle insurance	15c. \$ _____ 0
15d. Other insurance. Specify: _____	15d. \$ _____ 0
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____ 0
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ _____ 0
17b. Car payments for Vehicle 2	17b. \$ _____ 0
17c. Other. Specify: _____	17c. \$ _____ 0
17d. Other. Specify: _____	17d. \$ _____ 0
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ _____
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ _____
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ _____ 0
20b. Real estate taxes	20b. \$ _____ 0
20c. Property, homeowner's, or renter's insurance	20c. \$ _____ 0
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____ 0
20e. Homeowner's association or condominium dues	20e. \$ _____ 0

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

21. **Other.** Specify: \_\_\_\_\_

21. **+\$** \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 2460

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2460

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 2422.84

23b. Copy your monthly expenses from line 22c above.

23b. **-\$** 2460

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ -37.16

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**Fill in this information to identify your case:**

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 0

1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 7111.42

1c. Copy line 63, Total of all property on *Schedule A/B* ..... \$ 7111.42

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ \_\_\_\_\_

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 0

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 1150787

Your total liabilities

\$ 1150787

#### Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I* ..... \$ <sup>11 USC §§ 522(d)(1)-(6),(9)-(11)</sup> \_\_\_\_\_

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of *Schedule J* ..... \$ \_\_\_\_\_

Debtor 1

Simon

First Name

Middle Name

Last Name

Hovsepyan

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☐ Yes

**7. What kind of debt do you have?**

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ \_\_\_\_\_

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

- 9a. Domestic support obligations (Copy line 6a.) \$ \_\_\_\_\_ 0
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ \_\_\_\_\_ 0
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ \_\_\_\_\_ 0
- 9d. Student loans. (Copy line 6f.) \$ \_\_\_\_\_ 0
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ \_\_\_\_\_ 0
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ \_\_\_\_\_ 0
- 9g. **Total.** Add lines 9a through 9f. \$ \_\_\_\_\_ 0



**Fill in this information to identify your case:**

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an  
amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Simon Hovsepyan  
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Date 07/01/2025  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

Central District of California

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an  
amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<u>Simon</u> First name  <u>Hovsepyan</u> Middle name Last name  _____ Suffix (Sr., Jr., II, III)	_____ First name  _____ Middle name Last name  _____ Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	<u>Simon</u> First name  <u>Hovsepyan</u> Middle name Last name  _____ First name  _____ Middle name Last name  _____ Business name (if applicable)  _____ Business name (if applicable)	_____ First name  _____ Middle name Last name  _____ First name  _____ Middle name Last name  _____ Business name (if applicable)  _____ Business name (if applicable)
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	XXX - XX - <u>5 0 5 5</u> OR <b>9</b> XX - XX - _____	XXX - XX - _____ OR <b>9</b> XX - XX - _____

Debtor 1

Simon

Hovsepyan

First Name

Middle Name

Last Name

Case number (if known)

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Your Employer Identification Number (EIN), if any.**

EIN : 61 - 1991726

EIN

EIN

EIN

**5. Where you live**

115 S VERDUGO RD APT 2

Number Street

GLENDAL

CA

91205

City

State

ZIP Code

USA

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City

State

ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

Simon

Hovsepyan

First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

Number

Street

City

State

ZIP Code

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.  
☐ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.  
business debts \_\_\_\_\_

**17. Are you filing under Chapter 7?**

☐ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**x**

*Simon Hovsepyan*

**x**

Signature of Debtor 1

Signature of Debtor 2

Executed on 07/01/2025  
MM / DD / YYYY

Executed on \_\_\_\_\_  
MM / DD / YYYY



Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**



Date 07/01/2025

Signature of Attorney for Debtor

MM / DD / YYYY

Karine Gevorgyan, Esq.

Printed name

KVG Legal Counseling, APC

Firm name

330 N Brand blvd., Suite 1280

Number Street

Glendale

City

CA

State

91203

ZIP Code

Contact phone 747 2035944

Email address info@kvlegalcounseling.com

347779

Bar number

CA

State

Debtor 1

Simon

First Name

Hovsepyan

Middle Name

Last Name

Case number (if known)

**For you if you are filing this  
bankruptcy without an  
attorney**

**If you are represented by  
an attorney, you do not  
need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No

☐ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☐ No

☐ Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x *Simon Hovsepyan*

Signature of Debtor 1

Date

MM / DD / YYYY

Contact phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

x

Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an  
amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☐ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☐ No  
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

Debtor 1 Simon Hovsepyan Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
<b>For last calendar year:</b> (January 1 to December 31, <u>2024</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ <u>3,953</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2023</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ <u>38,124</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	_____ _____ _____	\$ _____ \$ _____ \$ _____	_____ _____ _____	\$ _____ \$ _____ \$ _____
<b>For last calendar year:</b> (January 1 to December 31, <u>2024</u> ) YYYY	Soc. Sec. Benefit _____ _____	\$ _____ \$ <u>4045.68</u> \$ _____	_____ _____ _____	\$ _____ \$ _____ \$ _____
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2023</u> ) YYYY	_____ _____ _____	\$ _____ \$ _____ \$ _____	_____ _____ _____	\$ _____ \$ _____ \$ _____

Debtor 1 Simon Hovsepyan Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>PNC Bank, National Association vs Simon Trans Inc</u> Case number <u>CVPS2405126</u>	Complaint for: 1. Breach of line of credit, 2. Breach of guaranty, 3. Money lent; and 4. Account stated.	County of Riverside Court Name <u>3255 E Tahquitz Canyon Way</u> Number Street <u>Palm Springs</u> <u>CA</u> <u>92262</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____			\$ _____
	<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____ Number Street _____ City State ZIP Code _____			\$ _____
	<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			
Number Street			\$
City State ZIP Code			
Last 4 digits of account number: XXXX—			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
City State ZIP Code			
Person's relationship to you			



Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name		_____	\$ _____
		_____	\$ _____
Number Street			
City State ZIP Code			

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
		_____	\$ _____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	_____	\$ _____
Number Street		
	_____	\$ _____
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		_____	\$ _____
Number Street		_____	\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		_____	\$ _____
Number Street		_____	\$ _____
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City State ZIP Code	Name _____ Number Street _____ City State ZIP Code	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ **No**  
☐ **Yes. Fill in the details.**

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility _____ Number Street _____ _____ City State ZIP Code	Name _____ Number Street _____ CityState ZIP Code		<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ **No**  
☐ **Yes. Fill in the details.**

Where is the property?	Describe the property	Value
Owner's Name _____ Number Street _____ _____ City State ZIP Code	Number Street _____ _____ City State ZIP Code	\$ _____

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ **No**  
☐ **Yes. Fill in the details.**

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number Street _____ _____ City State ZIP Code	Governmental unit _____ Number Street _____ City State ZIP Code	_____

Debtor 1 **Simon** **Hovsepyan** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Number Street		<input type="checkbox"/> Concluded
Case number		
City State ZIP Code		

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☒ An officer, director, or managing executive of a corporation  
☒ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

<b>SIMON TRANS INC.</b> Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
68381 PEREZ ROAD Number Street	TRANSPORTATION	EIN: <u>6</u> <u>1</u> <u>1</u> <u>9</u> <u>9</u> <u>1</u> <u>7</u> <u>2</u> <u>6</u>
CATHEDRAL CA 92234 City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From <u>01/07/202</u> To <u>05/09/2024</u>
	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _____ - _____
	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

Debtor 1 Simon Hovsepyan Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Simon Hovsepyan

Signature of Debtor 1

X \_\_\_\_\_

Signature of Debtor 2

Date 07/01/202

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Simon Hovsepyan Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
--	----------------------------

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

*Simon Hovsepyan*

X \_\_\_\_\_

Signature of Debtor 1

Date 07/01/2025  
MM / DD / YYYY

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY



## Fill in this information to identify your case:

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(If known)

## Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☒ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☒ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse								
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ _____ 0	\$ _____ 0								
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ _____ 0	\$ _____ 0								
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____ 0	\$ _____ 0								
5. <b>Net income from operating a business, profession, or farm</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____ 0</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ _____ 0 – \$ _____ 0</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$ 0 \$ 00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____ 0	Ordinary and necessary operating expenses	– \$ _____ 0 – \$ _____ 0	Net monthly income from a business, profession, or farm	\$ 0 \$ 00	Copy here → \$ 0 \$ 00
Debtor 1	Debtor 2									
Gross receipts (before all deductions)	\$ _____ 0									
Ordinary and necessary operating expenses	– \$ _____ 0 – \$ _____ 0									
Net monthly income from a business, profession, or farm	\$ 0 \$ 00									
6. <b>Net income from rental and other real property</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ _____ 0</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ _____ 0 – \$ _____ 0</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0 \$ 0</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ _____ 0	Ordinary and necessary operating expenses	– \$ _____ 0 – \$ _____ 0	Net monthly income from rental or other real property	\$ 0 \$ 0	Copy here → \$ 0 \$ 0
Debtor 1	Debtor 2									
Gross receipts (before all deductions)	\$ _____ 0									
Ordinary and necessary operating expenses	– \$ _____ 0 – \$ _____ 0									
Net monthly income from rental or other real property	\$ 0 \$ 0									
7. <b>Interest, dividends, and royalties</b>	\$ _____ 0	\$ _____ 0								

Debtor 1

Simon

First Name

Middle Name

Hovsepyan

Last Name

Case number (if known)

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

\$ 0

\$ 0

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ 0

For your spouse \$ 0

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0

\$ 0

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0

\$ 0

\$ 0

\$ 0

+ \$ 0

+ \$ 0

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 0

+ \$ 0

= \$ 0

Total current  
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here →

\$ 0

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 0

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

CA

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. 13.

\$ 87355

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Simon

First Name

Middle Name

Hovsepyan

Last Name

Case number (if known)

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x

*Simon Hovsepyan*

Signature of Debtor 1

x

Signature of Debtor 2

Date 07/01/2025

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Print

Save As...

Add Attachment

Reset

## Fill in this information to identify your case:

Debtor 1 Simon Hovsepyan  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number   
 (If known)

☐ Check if this is an amended filing

## Official Form 122A–1Supp

## Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

## Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.” Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

## Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?
- ☒ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?  
 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. **Are you or have you been a Reservist or member of the National Guard?**
- ☒ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Information to identify the case:			
Debtor 1	<u>Simon</u> First Name	<u>Hovsepyan</u> Last Name	Last 4 digits of Social Security number or ITIN <u>50 55</u>
			EIN <u>      </u> - <u>      </u> - <u>      </u>
Debtor 2 (Spouse, if filing)	<u>                    </u> First Name	<u>                    </u> Last Name	Last 4 digits of Social Security number or ITIN <u>      </u> - <u>      </u> - <u>      </u>
			EIN <u>      </u> - <u>      </u> - <u>      </u>
United States Bankruptcy Court for the:	<u>Central</u>	District of <u>California</u> (State)	[Date case filed for chapter 7 <u>07 01 2025</u> MM / DD / YYYY OR
Case number:	<u>                                    </u>		[Date case filed in chapter <u>      </u> MM / DD / YYYY
			Date case converted to chapter 7 <u>      </u> MM / DD / YYYY

## Official Form 309A (For Individuals or Joint Debtors)

### Notice of Chapter 7 Bankruptcy Case — No Proof of Claim Deadline 10/20

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

**This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.**

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors or the debtors' property. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadlines specified in this notice. (See line 9 for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at <https://pacer.uscourts.gov>).

**The staff of the bankruptcy clerk's office cannot give legal advice.**

**To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.**

**Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.**

About Debtor 1:		About Debtor 2:	
1. Debtor's full name	Simon Hovsepyan		
2. All other names used in the last 8 years	Simon Hovsepyan		
3. Address	115 S VERDUGO RD APT 2, GLENDALE, CA 91205	If Debtor 2 lives at a different address:	
4. Debtor's attorney Name and address	Karine Gevorgyan, Esq., KVG Legal Counseling APC 330 N Brand blvd., Suite 1280, Glendale, CA 91203	Contact phone	(818)6408481
		Email	info@kvglegalcounseling.com
5. Bankruptcy trustee Name and address		Contact phone	
		Email	

For more information, see page 2 ►

Debtor Simon Hovsepyan Case number (if known) \_\_\_\_\_  
Name

**6. Bankruptcy clerk's office**

Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at <https://pacer.uscourts.gov>.

Hours open \_\_\_\_\_

Contact phone \_\_\_\_\_

**7. Meeting of creditors**

Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend.

Creditors may attend, but are not required to do so.

\_\_\_\_\_ at \_\_\_\_\_  
Date Time

Location: \_\_\_\_\_

The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.

**8. Presumption of abuse**

If the presumption of abuse arises, you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances.

[The presumption of abuse does not arise.]

[The presumption of abuse arises.]

[Insufficient information has been filed to permit the clerk to determine whether the presumption of abuse arises. If more complete information is filed and shows that the presumption has arisen, the clerk will notify creditors.]

**9. Deadlines**

The bankruptcy clerk's office must receive these documents and any required filing fee by the following deadlines.

**File by the deadline to object to discharge or to challenge whether certain debts are dischargeable:**

**Filing deadline:** \_\_\_\_\_

**You must file a complaint:**

if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. § 727(a)(2) through (7), or

if you want to have a debt excepted from discharge under 11 U.S.C. § 523(a)(2), (4), or (6).

**You must file a motion** if you assert that the discharge should be denied under § 727(a)(8) or (9).

**Deadline to object to exemptions:**

**Filing deadline:** 30 days after the *conclusion* of the meeting of creditors

The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.

**10. Proof of claim**

Please do not file a proof of claim unless you receive a notice to do so.

No property appears to be available to pay creditors. Therefore, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline.

**11. Creditors with a foreign address**

If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

**12. Exempt property**

The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at <https://pacer.uscourts.gov>. If you believe that the law does not authorize an exemption that the debtors claim, you may file an objection. The bankruptcy clerk's office must receive the objection by the deadline to object to exemptions in line 9.

[No hearing required]

[illegible]

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date** (*Check only ONE box below*):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: \_\_\_\_\_  
Printed name of Debtor 2 \_\_\_\_\_  
Signature of Debtor 2 \_\_\_\_\_



Debtor(s).

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 6 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Simon Hovsepyan

Date: 07/01/2025

Signature of Debtor 1

Date:

Signature of Debtor 2 (joint debtor) (if applicable)

Date: 07/01/2025

Signature of Attorney for Debtor (if applicable)

**STATEMENT OF RELATED CASES  
INFORMATION REQUIRED BY LBR 1015-2  
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
  
2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
  
3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
  
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Los Angeles, California

*Simon Hovsepian*

\_\_\_\_\_  
Signature of Debtor 1

Date: 07/01/25

\_\_\_\_\_  
Signature of Debtor 2

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This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  Karine Gevorgyan, Esq. KVG Legal Counseling APC 330 N Brand blvd., Suite 1280 Glendale, CA 91203 Tel.: 747 2035944 SBN: 347779 info@kvglegalcounseling.com	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b>	
In re: Simon Hovsepyan, an individual	CASE NO.: CHAPTER: 7
Debtor(s).	<b>DEBTOR'S ATTORNEY'S DISCLOSURE OF COMPENSATION ARRANGEMENT IN INDIVIDUAL CHAPTER 7 CASE</b> [LBR 2090-1(a)(3)]

1. **Compensation Arrangement.** Pursuant to 11 U.S.C. § 329(a), FRBP 2016(b), and LBR 2090-1(a)(3) and (4), I disclose that:
- I am the attorney for the Debtor.
  - Compensation that was paid to me, within one year before the petition was filed, or was agreed to be paid to me, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with this bankruptcy case, is as follows:
    - For legal services, I have agreed to accept ☐ an hourly rate of \$ \_\_\_\_\_; or a ☒ flat fee of \$1500
    - ☒ Prior to filing this disclosure I received \$500
    - ☒ The balance due is \$ 1000
2. **Source of Compensation Paid Postpetition (Postpetition Compensation).**
- Already Paid.** The source(s) of the Postpetition Compensation paid to me was:  
☒ Debtor(s) ☐ Other (*specify*): \_\_\_\_\_
  - To be Paid.** The source(s) of the Postpetition Compensation to be paid to me is:  
☒ Debtor(s) ☐ Other (*specify*): \_\_\_\_\_
3. **Sharing of Compensation Paid Postpetition.**
- ☒ I have not agreed to share Postpetition Compensation with any other person unless they are members or regular associates of my law firm within the meaning of FRBP 9001(10).
- ☐ I have agreed to share Postpetition Compensation with other person or persons who are not members or regular associates of my law firm within the meaning of FRBP 9001(10). Attached as Exhibit A is a copy of the agreement and a list of the names of the people sharing in the Postpetition Compensation.

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

4. **Limited Scope of Services.** A limited scope of appearance is permitted under LBR 2090-1(a)(3), unless otherwise required by the presiding judge. In return for the fee disclosed above, I have agreed to provide the required legal services indicated below in paragraph "a", and, if any are indicated, the additional services checked in paragraph "4.b".

a. **Services required to be provided:**

- i. Analysis of the Debtor's financial situation, and advice to the Debtor in determining whether to file a bankruptcy petition;
- ii. Preparation and filing of any petition, lists, schedules and statements and any other required case commencement documents; and
- iii. Representation of the Debtor at the initial § 341(a) meeting of creditors.

b. ☐ **Additional legal services I will provide:**


- i. ☒ Any proceeding related to relief from stay motions.
- ii. ☒ Any proceeding involving an objection to the Debtor's discharge pursuant to 11 U.S.C. § 727.
- iii. ☒ Any proceeding to determine whether a specific debt is nondischargeable under 11 U.S.C. § 523.
- iv. ☒ Reaffirmation of a debt.
- v. ☒ Any lien avoidance under 11 U.S.C. § 522(f)
- vi. ☐ Other (*specify*):

5. If in the future I agree to represent the Debtor in additional matters, I will complete and file the Attorney's Disclosure of Postpetition Compensation, LBR form F 2016-1.4.ATTY.COMP.DISCLSR.

**DECLARATION OF ATTORNEY FOR THE DEBTOR**

I declare under penalty of perjury that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the Debtor in this bankruptcy case

Date: 07/01/2025

  
\_\_\_\_\_  
Signature of attorney for the Debtor

Karine Gevorgyan, Esq.  
\_\_\_\_\_  
Printed name of attorney

KVG Legal Counseling APC  
\_\_\_\_\_  
Printed name of law firm

**DECLARATION OF THE DEBTOR**

I/we declare under penalty of perjury that my attorney has explained to me/us the limited scope of representation as outlined above. I/we understand that I/we have paid or agreed to pay solely for the required services listed in paragraph 4a, and the additional services (if any) that are checked off in paragraph 4b above, and that I/we am representing myself/ourselves for any other proceedings unless a new agreement is reached with an attorney.

Date: 07/01/2025

Date: \_\_\_\_\_

Simon Hovsepyan  
\_\_\_\_\_  
Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2 (Joint Debtor)(if applicable)

Simon Hovsepyan  
\_\_\_\_\_  
Printed name of Debtor 1

\_\_\_\_\_  
Printed name of Debtor 2

MASTER MAILING LIST OF CREDITORS

DEBTOR 1: SIMON HOVSEPYAN

DISCOVER BANK

ATTN: Bankruptcy Department  
PO BOX 30939  
Salt Lake City, UT 84130

AFFIRM INC

ATTN: Bankruptcy Department  
30 Isabella St, Floor 4,  
Pittsburgh, PA 15212

ALLY FINANCIAL

ATTN: Bankruptcy Department  
500 Woodward Ave,  
Detroit, MI 48226

AMEX

ATTN: Bankruptcy Department  
43 Butterfield Circle,  
El Paso, TX 79906

APPLE CARD/GS BANK USA

ATTN: Bankruptcy Department  
LOCKBOX 6112 PO BOX 7247  
Philadelphia, PA 19170

BANK OF AMERICA

ATTN: Bankruptcy Department  
NC1-021-02-12, 401 N Tryon St,  
Charlotte, NC 28255

CAPITAL ONE BANK

ATTN: Bankruptcy Department  
1680 Capital One Dr.,  
McLean, VA 22102

CBNA

ATTN: Bankruptcy Department

P.O. Box 6767,

Sioux Falls, SD 57117

CCB/BREADCASHBACK

ATTN: Bankruptcy Department

PO Box 183043,

Columbus, OH 43218

COMENITYCB/TOYOTA VISA

ATTN: Bankruptcy Department

PO Box 183043,

Columbus, OH 43218

FREEDOM ROAD FINANCIAL

ATTN: Bankruptcy Department

10509 Professional Cir S

Reno, NV 89521

GOLDMAN SACHS AND CO

ATTN: Bankruptcy Department

PO BOX 70321

Philadelphia, PA 19176

JP MORGAN CHASE BANK

ATTN: Bankruptcy Department

Mail Code LA4-7200, 700 Kansas Lane

Monroe, LA 71203

RIZE FCU

ATTN: Bankruptcy Department

PO Box 8017

El Monte, CA 91734

SERVICE FCU

ATTN: Bankruptcy Department

PO Box 410

Portsmouth, NH 03802

SYNCB

ATTN: Bankruptcy Department

P.O. Box 965065

Orlando, FL 32896

SYNCB/LOWES

ATTN: Bankruptcy Department

P.O. Box 965061

Orlando, FL 32896

TOYOTA MOTOR CREDIT

ATTN: Bankruptcy Department

PO BOX 9786 Cedar

Rapids, IA 52409

US BANK

ATTN: Bankruptcy Department

P.O. Box 6352

Fargo, ND 58125

WFBNA CARD

ATTN: Bankruptcy Department

P.O. Box 51193

Los Angeles, CA 90051

IMPRINT PAYMENTS, INC.

ATTN: Bankruptcy Department

77 Water Street Ste 2304

Brooklyn, NY 10005



LOVE'S TRAVEL STOPS

ATTN: Bankruptcy Department  
10601 N Pennsylvania  
Oklahoma City, OK 73120

QUICK BOOKS CAPITAL

ATTN: Bankruptcy Department  
2700 Coast Avenue  
Mountain View, CA 94043

PREPASS

ATTN: Bankruptcy Department  
101 E Washington St Ste 500  
Phoenix, AZ 85004

VERIZON WIRELESS

ATTN: Bankruptcy Department  
500 Technology Drive, Suite 550  
Weldon Spring, MO 63304

DRIVEKS, TOLL STATEMENT

ATTN: Bankruptcy Department  
Kansas Turnpike Authority, 9401 E Kellogg Dr  
Wichita, KS 67207

JEFFERSON CAPITAL SYST

ATTN: Bankruptcy Department  
16 Mcleland Rd,  
Saint Cloud, MN 56303

MIDLAND CREDIT MANAGEMENT INC.

ATTN: Bankruptcy Department  
350 Camino De La Reina, Suite 100,  
San Diego, CA 92108

CREDIT CONTROL LLC

ATTN: Bankruptcy Department

3300 Rider Trail S Suite 500

Earth city, MO 63045

FIRSTSOURCE ADVANTAGE, LLC

ATTN: Bankruptcy Department

205 Bryant Woods South

Amherst, NY 14228

CLIENT SERVICES INC.

ATTN: Bankruptcy Department

3451 Harry S Truman Blvd

Saint Charles, MO 63301

SUNRISE CREDIT SERVICES INC.

ATTN: Bankruptcy Department

PO BOX 9004

Melville, NY, 11747

MCCARTHY, BURGESS & WOLFF

ATTN: Bankruptcy Department

26000 Cannon Road

Cleveland, Ohio 44146

CAINE & WEINER

ATTN: Bankruptcy Department

PO BOX 55848

Sherman Oaks, CA 91413

PUCIN & FRIEDLAND, LAW OFFICE OF JOHN S. PUCIN, P.C.

ATTN: Bankruptcy Department

5805 Sepulveda Blvd., 4th floor

Sherman Oaks, CA 91411

F.H. CANN & ASSOCIATES, INC.

ATTN: Bankruptcy Department

100 Domain Drive, Suite 200

Exeter, NH 03833

BIEHL & BIEHL, INC.

ATTN: Bankruptcy Department

PO BOX 87410,

Carol Stream, IL 60188

DIVERSIFIED ADJUSTMENT SERVICE, INC.

ATTN: Bankruptcy Department

PO BOX 32145

Fridley, MN 55432

RADIUS GLOBAL SOLUTIONS LLC

ATTN: Bankruptcy Department

7505 Metro blvd. Suite 400

Edina, MN 55437

AMUR EQUIPMENT FINANCING INC.

ATTN: Bankruptcy Department

304 W. 3rd St. P.O. Box 2555

Grand Island, NE 68801

STUART – LIPPMAN AND ASSOCIATES INC.

ATTN: Bankruptcy Department

5447 East 5th Street, Suite 110

Tucson, AZ 85711

DEPARTMENT OF MOTOR VEHICLES

ATTN: Bankruptcy Department

P.O.BOX 825339,

Sacramento, CA 94232

Certificate Number: 15725-CAC-CC-039804630



15725-CAC-CC-039804630

## CERTIFICATE OF COUNSELING

I CERTIFY that on June 25, 2025, at 2:11 o'clock PM EDT, Simon Hovsepyan received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Central District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 25, 2025 By: /s/Angela Rosa

Name: Angela Rosa

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).